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<b>APPLICANTS</b> Chester G. Nelson, Plymouth, MN; John B. Farr, St. Paul, MN; Kevin M. Johnson, St. Paul, MN; Charles R. Stomberg, Forest Lake, MN;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/199,967 04/27/2000 <i>st</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>R</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/23/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowable</i> Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Girma Wolde-Michael, Esq. Medtronic, Inc. MS LC340 710 Medtronic Parkway Minneapolis, MN 55432-9924 <i># 27581</i>					
<b>TITLE</b> Component architecture for medical device system networks					
<b>FILING FEE RECEIVED</b> 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		